| [                       | PATENT   | 1062529D                                  |              |                                       |              |                  |      |          |                        |         |                |                        |
|-------------------------|--|---|--------------|---------------------------------------|--------------|------------------|------|----------|------------------------|---------|----------------|------------------------|
| -                       |  | SMA                                       | LLE          | NTITY                                 |              |                  | THAN |          |                        |         |                |                        |
| <u> </u>                |  |   | (Colum       | (Column 1)                            |              | (Column 2)       |      | TYPE     |                        | OR      |                | ENTITY                 |
| TOTAL CLAIMS            |  |   |              |                                       |              | ·                |      | ATE      | FEE                    | 7       | RATE           | FEE                    |
| FOR                     |  |   | NUMBER FILED |                                       | NUMBER EXTRA |                  | BAS  | IC FEE   | 150.00                 | OR      | BASIC FEE      | 300.00                 |
| TOTAL CHARGEABLE CLAIMS |  |   | ainus 20=    |                                       |              | •                |      | X\$ 25=  |                        | OR      | X\$50=         |                        |
| INDEPENDENT CLAIMS      |  |   | minus 3 =    |                                       |              |                  | ×    | 00=      |                        | OR      | X200=          |                        |
| ٨                       | ULTIPLE DEPE                                   | NDENT CLAIM I                             | RESENT       |                                       |              |                  |      | 80=      |                        | OR      | +360=          |                        |
| ٠                       | f the differenc                                | e in column 1 is                          | less than z  | less than zero, enter "0" in column 2 |              |                  | L    | TAL      |                        | OR      | TOTAL          |                        |
|                         | 10-26-05                                       | ~   | AMENDE       | MENDED - PART II                      |              |                  |      |          |                        |         | OTHER          |                        |
| _                       | 10000  | (Column 1)                                | 1            | (Colun                                |              | (Column 3)       | SN   | ALL      | ENTITY                 | OR<br>1 | SMALL          | <del></del>            |
| AMENDMENT A             |  | REMAINING<br>AFTER<br>AMENDMENT           |              | NUME<br>PREVIO<br>PAID                | BER<br>OUSLY | PRESENT<br>EXTRA | R/   | TE       | ADDI-<br>TIONAL<br>FEE |         | RATE           | ADDI-<br>TIONAL<br>FEE |
|                         | Total  | . 8                                       | Minus        | - 2r                                  | )            | =                | ×\$  | 25=      |                        | OR      | X\$50=         |                        |
| AME                     | Independent                                    | · }                                       | Minus        | 1 3                                   |              |                  | X1   | 00=      |                        | OR      | X200=          |                        |
| L                       | FIRST PRES                                     | ENTATION OF M                             | ULTIPLE DE   | PENDENT                               | CLAIM        |                  | +1   | 30=      |                        | OR      | +360=          |                        |
|                         | •  |   |              |                                       |              | •                |      | OTAL     |                        |         | TOTAL          |                        |
|                         | (Column 1) (Column 2) (Column 3)               |   |              |                                       |              |                  |      | FEE      | ţ                      | On,     | ADDIT. FEE     |                        |
| <b>—</b>                |  | CLAIMS                                    |              | HIGHE                                 | ST           |                  |      |          | ADDI-                  | 1       |                | ADDI-                  |
| AMENDMENT B             |  | REMAINING<br>AFTER<br>AMENDMENT           | ·            | PREVIO PAID F                         | USLY         | PRESENT<br>EXTRA | RA   | TE       | TIONAL<br>FEE          |         | RATE           | TIONAL<br>FEE          |
|                         | Total  | •   | Minus        | A++                                   |              | =                | X\$  | 25=      |                        | OR      | X\$50=         |                        |
|                         | Independent                                    | *   | Minus        | ***                                   |              | =                | X10  | Ю=       |                        | OR      | X200=          | · ·                    |
| _                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT C     |   |              |                                       | CLAIM        | ·                |      |          |                        |         |                |                        |
|                         |  |   |              |                                       |              |                  |      | 0=       |                        | OR      | +360=<br>TOTAL |                        |
|                         |  | ADDIT                                     | FEE          |                                       | OR ,         | ADDIT. FEE       |      |          |                        |         |                |                        |
|                         | (Column 1) (Column 2) (Column 3)               |   |              |                                       |              |                  |      |          |                        | _       |                |                        |
| AMENDMENT C             |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | ·            | HIGHE<br>NUMB<br>PREVIOI<br>PAID F    | ER<br>USLY.  | PRESENT<br>EXTRA | RA   | Ē        | ADDI-<br>TIONAL<br>FEE |         | RATE           | ADDI-<br>TIONAL<br>FEE |
| NON<br>ON               | Total  | 4   | Minus        | **                                    |              | =                | xs a | 5=       |                        | OR      | X\$50=         |                        |
| AME                     | Independent                                    | t .                                       | Minus .      | ***                                   |              |                  | X10  | 0=       |                        | OR      | X200=          | 14.1                   |
|                         | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                                       |              |                  |      | $\dashv$ |                        |         |                |                        |
|                         |  |   |              |                                       |              | . •              | +18  | )=<br>   |                        | OR      | +360=          |                        |
|                         |  |   | . •          |                                       |              |                  |      |          |                        |         |                |                        |
|                         |  |   |              |                                       |              |                  |      |          |                        |         |                |                        |